

**By Mark Schoofs**

**Desperate to stem** the catastrophic rise in unsafe sex among gay men, a group called Gay And Lesbian HIV Prevention Activists has reignited one of the hottest controversies of the epidemic: government regulation of bathhouses and sex clubs. The group's efforts have attracted a flurry of media reports, in part because several GALPHA members—such as Gabriel Rotello and Duncan Osborne—are journalists, and also because the risqué topic makes good copy. *Daily News* columnist Amy Pagnozzi wrote about donning male drag and touring one popular club. The result? The search for other, perhaps more effective prevention strategies has gone all but unreported.

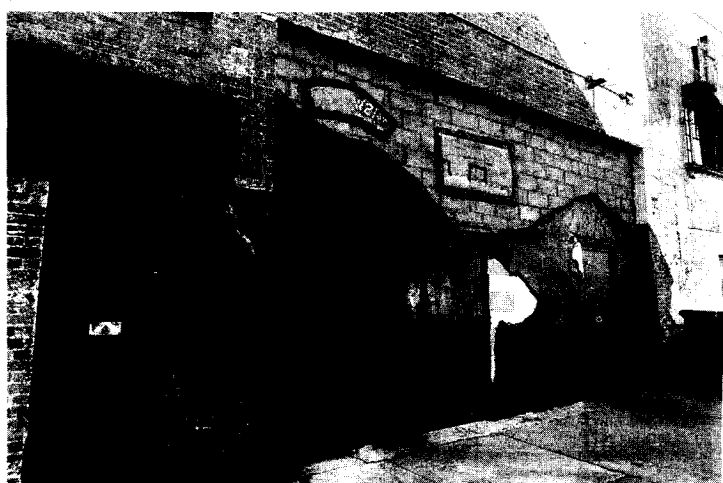
That search is crucial. At current rates, urban gay men in their early twenties can expect to see one-third of their generation infected with HIV by the time they are in their thirties, and one-half of their peers infected by the time they hit their fifties.

The problem is even more dire for black and Hispanic gay men. A recent Columbia University study found that 2 per cent of white, gay, 18- to 24-year-old New Yorkers were infected with HIV. But among Hispanics of the same demographic group, the proportion of infected men was 30 per cent; among blacks, a blood-chilling 40 per cent.

But another Columbia study offers hope. It found that in 1991, gay men overall had reduced their unsafe sexual partners to an average of one per year, down from about 11 before the epidemic. At that rate, gay men would curtail AIDS dramatically. By 2030, the

# BEDS, BATHS, AND BEYOND

Gay Men Fight a New Epidemic: Unsafe Sex



Zone DK: One of many sex clubs that some gay activists want the city to regulate

proportion of infected men would dwindle to less than 10 per cent. But even small changes in sexual behavior have drastic effects. To put it another way, gay men teeter on an epidemiological razor's edge: on one side is continued disaster, on the other is slow but real improvement.

In recent weeks, there has been a proliferation of grassroots activism not seen since the birth of ACT UP. At least three groups dedicated to prevention, including GALPHA, have formed. Few of their members, however, are people of color, and so far most meetings have been held in Greenwich

Village and Chelsea. On March 9, GALPHA representatives met secretly with top city officials, including first deputy mayor Peter Powers and health commissioner Margaret Hamburg, and implored them to crack down on sex clubs that do not adhere to the state health code. The code

bans all oral, anal, and vaginal sex, with or without a condom, in commercial establishments. The activists—Dennis de Leon, Andrew Beaver, Darren Britton, and Osborne—also urged the city to let law-abiding clubs stay open, and to require that all sex establishments link up with a community organization to create on-site safer sex education.

Neither Powers nor Hamburg returned repeated requests for comment. But city AIDS czar Ronald Johnson, who attended the meeting, said the administration is leaning toward accepting GALPHA's key proposals. The city has been sporadically enforcing the health code for some time, but Johnson said that "stronger enforcement is warranted." Activists remembered Powers pledging to keep legal hands off clubs that adhered to the code, but Johnson said that Powers did not "explicitly" agree to that request. The deputy mayor, said Johnson, wants to protect the public health, not take a "moral stance."

A week before the meeting with city officials, hundreds of people gathered at the Gay and Lesbian Community Services Center for a town meeting on GALPHA's strategy. Fearing opposition, GALPHA representatives kept mum about their plan for meeting

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with administration officials, though the date had already been set. That has angered many. "They're rogue activists," charged AIDS organizer and GALPHA opponent Gregg Gonslaves, when told of the group's deliberate silence. GALPHA member de Leon was "battered" by the media, saying, "It's a mistake to give the impression that there's anything secretive about what we're doing." Others weren't fazed. Noting that the group "didn't pull punches" about their desire for government intervention, Michael Isbell, director of public policy at Gay Men's Health Crisis, said, "All grassroots activism is essentially doing things on your own." GMHC favors government closure of clubs that don't abide by the health code.

At the forum no vote was taken, but applause and commentary indicated that the crowd opposed city enforcement of the health code. The reasons? First was a fear that government intervention in gay sexuality would open a Pandora's box of political repression. Even several GALPHA members voiced anxiety about inviting a conservative mayor to police gay sexual institutions. The second objection lay in the health code itself. "State regulations do not distinguish between safe and unsafe sex," Gonslaves told the Voice.

GALPHA members defended the health code on the pragmatic grounds that it is nearly impossible to monitor for condom usage. But Lidel Jackson, who has run a safer sex party for five years, disagreed. "It's very easy," he said. "I tell my monitors to go over and put their head in between [men having intercourse] and look." As for the political consequences, they

argued that regulation does not necessarily mean repression, and insisted they were fighting to protect "responsible" sex clubs. Finally, an alternative scenario of oppression was put forth by Rotello: Opposing regulations in sex clubs could feed the stereotype that gay men are "irresponsible" and lead to a backlash against funding for AIDS research and treatment.

The most fundamental disagreement, however, is on the most important point: will the GALPHA proposals curb HIV transmission? Epidemiologists do not know what proportion of new HIV infections are occurring in sex clubs and bathhouses. Research does show that most unprotected sex—though not necessarily most viral transmissions—occurs in couples, where the pull of intimacy is strongest. The lack of knowledge has led to competing prevention theories.

Rotello, Osborne, and others argue that because commercial sex establishments facilitate multiple partners, they are the epicenter of the epidemic. They say that the latest HIV transmission figures prove many people have trouble being safe every time. Having multiple partners increases the odds that some of those slip-ups will result in new infections. In addition, regulating sex clubs will have the secondary benefit of maintaining a sense of urgency about sexual behavior.

The opposing view discounts the importance of multiple partners. Because HIV is already so prevalent among urban gay men, even a man with few partners runs a high risk of having sex with someone who's infected. GALPHA's strategy detracts from "the real issue," argues Stephen Gendin, an HIV-positive activist who

is forming a separate group, the Committee for Safer Sexual Spaces, to turn sex clubs into safer sex classrooms. Instead of "calling on the police to watch over us," he contends, prevention efforts should focus on helping gay men master their urge for unprotected sex, whether in backrooms or bedrooms.

That complex psychological task was the purpose of an all-day.

## THERE HAS BEEN A PROLIFERATION OF GRASSROOTS ACTIVISM NOT SEEN SINCE ACT UP'S BIRTH. GROWING PAINS INCLUDE DISSENSION.

community symposium titled "Talk Sex," convened this past Saturday at the Gay and Lesbian Community Services Center by an ad hoc group of prevention professionals and concerned citizens. More than 120 people broke into small workshops to discuss critical pieces of prevention, such as the role anonymous sex plays in gay culture and in HIV transmission.

the different safer-sex motivations of men who are HIV-positive and HIV-negative, the uncertain danger of fellatio, and "mixed marriages" in which one partner is infected and the other is not. These topics are rarely discussed with candor and depth and they have almost never been integrated into prevention messages. With a superficiality akin to "Just Say No," most safer sex campaigns urge condom use without addressing the underlying dynamics of sexual decision-making.

For example, prevention workers have shied away from stressing the sexual responsibility of HIV-positive men, for fear of demonizing them. Such stigmatization could be avoided if positive men led the call for sexual responsibility, agreed participants in a workshop devoted to the role infected men can play in prevention. One idea discussed was for organizations of people with AIDS to circulate a pledge that would formalize HIV-positive men's commitment to protect their partners. Gendin, who attended the workshop, said the group also talked about disclosing one's health status, particularly "when someone wants you to fuck them without a condom." In that case, Gendin contended, just putting on a condom without also revealing one's HIV-positive status might not be shouldering enough responsibility, because it would "not be doing education to prevent them from getting infected next time."

Meanwhile, HIV-negative men were also convening in a workshop to discuss their safer-sex concerns. At the end of the session, some of the men shared their strategies for staying safe even in

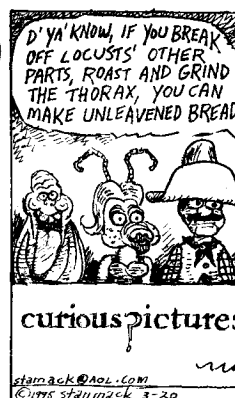
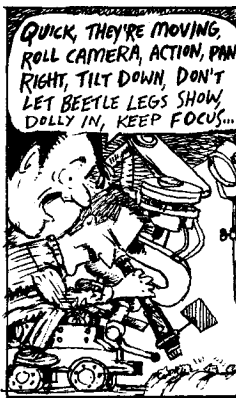
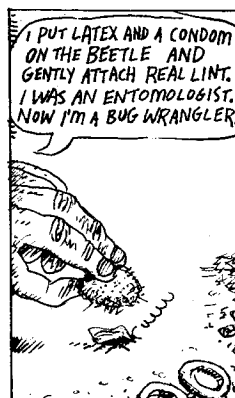
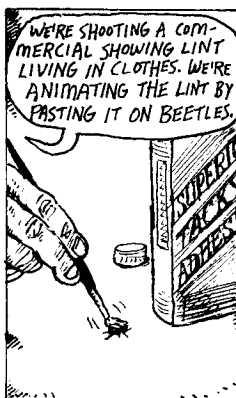
the face of great temptation—a topic that, in the recent rash of gay men confessing their incidents of unsafe sex, has been given short shrift. One man, who is in a long-term relationship but has sex outside it, said he visualizes his lover and their favorite moments together, which fortifies his resolve. Another man said he has set his standards deliberately high—no anal sex—so that if he does slip up, he will have the safety net of using a condom. Yet another man said he focuses on all the joys and accomplishments he still wants out of life.

But these strategies didn't seem to reach at least one man in the workshop. Articulating what many therapists say they have heard in their offices, this man said he no longer desired a long future, in part because it would involve too many deaths. In the midst of the epidemic, this may be the hardest challenge facing the new prevention activism: how, in the midst of sickness and death, to rekindle hope and joy.

Unfortunately, the stakes are as high as the challenge. If gay men cannot reduce the spread of HIV, they will not only continue to die in droves, but might also imperil their own liberation. A continued rise in gay infections would make a right-wing backlash against "sex-crazed" gay men almost inevitable, and the historical stereotype of homosexuality as diseased could acquire an overwhelming cultural legitimacy. This is the desperation motivating the new prevention activism. But there is also hope, growing with the proliferation of efforts, that gay men can seize control of the epidemic that has enveloped them for the last decade and a half.

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